| | Check one box only as directed in this form and in | | |
|--|---|--|--|
| Fill in this information to identify your case: | Form 122A-1Supp: | | |
| Debtor 1 Diane Ronce Engmann | 1. There is no presumption of abuse. | | |
| Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Western District of Washing ton | 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2). | | |
| Case number (If known) | 3. The Means Test does not apply now because qualified military service but it could apply la | | |
| | Check if this is an amended filing | | |
| Official Form 122A-1 | 40/4 | | |
| Chapter 7 Statement of Your Current N Be as complete and accurate as possible. If two married people are filing tog | Monthly Income 12/1 | | |
| Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form. Include the line number additional pages, write your name and case number (if known). If you believe do not have primarily consumer debts or because of qualifying military serving Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and Married and your spouse is NOT filling with you. You and your spouse Living in the same household and are not legally separated. Fill Living separately or are legally separated. Fill out Column A, line under penalty of perjury that you and your spouse are legally separated spouse are living apart for reasons that do not include evading the fill in the average monthly income that you received from all sources, to bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filling on Separate and during the 6 months. | ice, complete and file Statement of Exemption from Presumption and B, lines 2-11. se are: I out both Columns A and B, lines 2-11. se 2-11; do not fill out Column B. By checking this box, you declare ated under nonbankruptcy law that applies or that you and your Means Test requirements. 11 U.S.C. § 707(b)(7)(B). derived during the 6 full months before you file this eptember 15, the 6-month period would be March 1 through and the income for all 6 months and divide the total by 6. | | |
| bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on Standard August 31. If the amount of your monthly income varied during the 6 months Fill in the result. Do not include any income amount more than once. For example, income from that property in one column only. If you have nothing to report for the column only. | ample, if both spouses own the same rental property, put the for any line, write \$0 in the space. | | |
| | Column A Column B Debtor 1 Debtor 2 or non-filling spouse | | |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>337.70</u> \$ | | |
| Alimony and maintenance payments. Do not include payments from a sp Column B is filled in. | s | | |
| 4. All amounts from any source which are regularly paid for household ex of you or your dependents, including child support. Include regular confrom an unmarried partner, members of your household, your dependents, and recommends. Include regular contributions from a spouse only if Column | parents, | | |
| filled in. Do not include payments you listed on line 3. | | | |
| filled in. Do not include payments you listed on line of. 5. Net income from operating a business, profession, or farm | otor 2 | | |
| filled in. Do not include payments you listed on line of. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) \$\$ | otor 2 | | |
| filled in. Do not include payments you listed of line of. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Debtor 1 Debtor 1 Section 1 Section 2 Section 3 Secti | Copy \$ | | |
| filled in. Do not include payments you listed of file of. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm S | Copy S | | |
| filled in. Do not include payments you listed on line of. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm \$ | Copy sss | | |
| filled in. Do not include payments you listed on line of. 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm 6. Net income from rental and other real property Gross receipts (before all deductions) Debtor 1 Debtor 1 Debtor 1 S | Copy | | |

Chapter 7 Statement of Your Current Monthly Income

page 1

| otor 1 Diane Renee Endmann |) | Case number (if known) | 19-41238·M |)JH |
|--|--|--|--|------------------------------|
| otor 1 First Name Middle Name Last Name | | and the second | Column B | |
| | | Column A Debtor 1 | Debtor 2 or non-filing spouse | |
| | | s O | \$ | |
| Unemployment compensation Do not enter the amount if you contend that the amount | received was a benefit | \ <u></u> | | |
| under the Social Security Act, Instead, list it nere: | 1 | | | |
| For you | \$ | | | |
| For your spouse | ··· \$ | | | |
| Pension or retirement income. Do not include any ambenefit under the Social Security Act. | | \$ <u> </u> | \$ | |
| Income from all other sources not listed above. Spe Do not include any benefits received under the Social S as a victim of a war crime, a crime against humanity, of terrorism. If necessary, list other sources on a separate | r international or domestic | ed | | |
| terrorism. If necessary, list other sources of a separate | | \$ <u> </u> | \$ | |
| | | \$_ O | \$ | |
| Total amounts from separate pages, if any. | | +\$ | +\$ | |
| • | | | A STORY CONTRACTOR AND STORY C | = 0.0003 |
| Calculate your total current monthly income. Add li column. Then add the total for Column A to the total for | ines 2 through 10 lot each of Column B. | \$ <u>3,837.70</u> | * \$ | \$3, 831-10 Total current |
| | | | | monthly income |
| Part 2: Determine Whether the Means Test A | pplies to You | | | |
| for the year | r Follow these steps: | | - | 2 927 7- |
| 12. Calculate your current monthly income for the yea 12a. Copy your total current monthly income from lin | e 11 | | Copy line 11 here | \$ <u>3,837.70</u> |
| | | | · | x 12 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of | | | 12b. | \$ <u>46,052.40</u> |
| | | | | |
| 13. Calculate the median family income that applies t | o you. Follow these steps: | • | | • |
| Fill in the state in which you live. | WA | | | |
| | 2 | | | |
| Fill in the number of people in your household. | | • | 13. | \$ 63,063 |
| Fill in the median family income for your state and size | ze of household | I in the separate | L | |
| Fill in the median family income for your state and size To find a list of applicable median income amounts, or instructions for this form. This list may also be availa | | | | |
| 14. How do the lines compare? | | | | |
| 14a. Line 12b is less than or equal to line 13. On | the top of page 1, check box 1 | There is no presump | otion of abuse. | |
| O (- D-+2 | | | | 94.2 |
| 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2. | page 1, check box 2, The pres | umption of abuse is d | letermined by Form 122 | ZA-2. |
| Sian Polow | | | | |
| By signing here, I declare under penalty of p | perjury that the information on th | is statement and in a | ny attachments is true | and correct. |
| * Diane Erdnam | 3 | | | |
| Signature of Debtor 1 | | Signature of Debtor 2 | | |
| Date 6-30-20[9 | | Date MM / DD /Y | YYY | |
| If you checked line 14a, do NOT fill out | or file Form 122A-2. | | | |
| If you checked line 14b, fill out Form 12 | 2A-2 and file it with this form. | | | 10.9 |
| If you checked the 145, in out 15th 12 | makk (remark) (remark | The second of th | | |
| | | | | nage 2 |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2